

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008994

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 300VS 300
Rev. 4/5914000
2 8120

3

4 0

5 1

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7 1

8 2

9 527.1

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11

12 49-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH FEB 23 1962

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON BARRACKS, MO.Length of stay in 1b
35 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY SAINT CLAIR

c. CITY OR TOWN EAST ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1007 N 9TH STREETReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ELMER A. ANDERSON4. DATE OF DEATH
Month Day Year
1 23 19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-17-919. AGE (last birthday)
71 YRSIF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
BRICKLAYER10b. KIND OF BUSINESS OR INDUSTRY
CONSTRUCTION11. BIRTHPLACE (City and state or country)
CHICAGO, ILLINOIS12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
ENGFERD ANDERSON13b. MOTHER'S MAIDEN NAME
CHRISTINE BOSBY14. NAME OF HUSBAND OR WIFE
BERTHA ANDERSON15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT
Address E St. Louis
BERTHA ANDERSON 1007 N 9th Illinois18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH
1-2 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) EMPHYSEMA

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1. Generalized Arteriosclerosis
2. Arteriosclerotic Heart Disease
3. Encephalomalacia, cystic, old
(right frontal lobe & right corpus striatum)PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-19-61 to 1-23-62

Death occurred at 3:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert W. Brangle (Degree or title)

22b. ADDRESS

VAH JEFF BRKS, 25, MO.

22c. DATE SIGNED

1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1/25/62

23c. NAME OF CEMETERY OR CREMATORY

MT. HOPE CEMETERY

23d. LOCATION (City, town, or county)

E. ST. LOUIS, ILLINOIS

24. FUNERAL DIRECTOR

ADDRESS

SELACK BROTHER FUNERAL HOME

1200 NO 15TH E. ST. LOUIS ILL

25. DATE RECD. BY LOCAL REG.

1-24-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Shallack Bros. Funeral Home

Licensed Embalmer No. _____

P. O. Address

East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.